MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10685105 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7	1						57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		3					67					
18		3					68					
19		3					69					
20		3					70					
21		3					71					
22		3					72					
23		3					73					
24		3					74					
25		3					75					
26		2					76					
27		3					77					
28		3					78					
29	1						79					
30	1						80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	49						TOTAL DEP.					
TOTAL CLAIMS	54						TOTAL CLAIMS					